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09/12/2021

To: Honorable Andrew L Carter Jr  
United States District Court Judge  
Southern District of New York  
Daniel Patrick Moynihan  
United States Courthouse  
500 Pearl St  
New York, NY 10007-1312

From: Leom Kolmnela  
Federal Correctional Facility  
Allenwood Low  
P.O. Box 1000  
White Deer, PA 17887

Re: Reconsideration for compassionate Release Motion. Response to the government's motion.

Case No: 18-Cr-554 (ALC); 15 Cr. 685 (ALC)

Dear Honorable Judge Andrew Carter Jr,

Mr. Kolmnela, respectfully, encloses a letter in response to the government motion in opposition of Mr. Kolmnela's motion for reconsideration of his denied compassionate release. He also, respectfully, encloses together with this letter exhibits that support his arguments.

Respectfully submitted;

  
Leom Kolmnela

UNITED STATES OF AMERICA : Case Nr: 15 Cr. 554 (ALC)  
.V.  
LEOM KOLMNELA

APPELLANT LEOM KOLMNELA'S MOTION  
FOR RECONSIDERATION UNDER FEDERAL  
CIVIL RULES OF PROCEDURE, RULE 59(E);  
BASED UPON DENIAL OF MOTION PERTAINING  
TO COMPASSIONATE RELEASE.

Dear Honorable Judge Carter,

Mr. Kolmnela, acting in the quality of Pro Se, replies to the Government's opposition to his motion for reconsideration for compassionate release.

The Government argues that Mr. Kolmnela fails to show "extraordinary and compelling reasons" in favor to his immediate release.

Mr. Kolmnela, respectfully disagrees.

1 - MR KOLMNELA HAS ESTABLISHED "EXTRAORDINARY AND COMPELLING REASONS"

Mr. Kolmnela respectfully submits that he has detailed "extraordinary and compelling" reasons justifying his release in his prior filing and below. Mr. Kolmnela submits that his new heart health issues, that still remains of great concern, and the fact the he has served close to 75% of his effective sentence under harsh and unusual punishment in two separate prisons that both were ordered to close down, in part for their inhumane conditions (conditions from which Mr. Kolmnela has developed severe respiratory allergies; (which tend to compromise person's immune system), heart infarction, and other discovered and undiscovered health issues, and will damage his health in the future). Also Mr. Kolmnela adds that he has been infected by COVID-19 that caused his heart infarction and the risk that his infarction might be repeated again if he contracts COVID-19 once again. This makes his case particular, unusual, and "extraordinary and compelling." Plus Mr. Kolmnela, by his own will, will get deported immediately, if he is released, and this is another extra factor that complies, in part, with "extraordinary and compelling." All of these reasons justify Mr. Kolmnela's release.

Each of Mr. Kolmnela's points, or in combination; make his case "extraordinary and compelling":

Long before the current pandemic, courts had recognized that periods of pre-sentence custody spent in unusually arduous conditions merited recognition by courts in measuring the just sentence. See E.g., *United States v. Carty*, 264 F3d 191, 196-97 (2d Cir.2001)"

"In the Court's judgement, a day spent in prison under extreme lockdown and in well-founded fear of contracting a once-in-a-century deadly virus exacts a price on a prisoner beyond that imposed by an ordinary day in prison. While such conditions are not intended as punishment, incarceration in such circumstances is, unavoidably, experienced as more punishing. See Def. Mem. at 6; *United States v. Rodriguez*, No 00 Cr. 761-2 (JSR) 2020 U.S. Dist. LEXIS 181004, 2020 WL 5810161, at \*3 (S.D.N.Y. Sept. 30, 2020)"

The Court is sympathetic to the (2020 U.S. Dist. LEXIS 9) anxiety and emotional distress that inevitably flows from the threat of Covid-19 in prison, especially to a person who is immunocompromised and suffers from respiratory illness. Under such circumstances the need for "punitive measure can be accomplished in a shorter period of time".

Also regarding Mr. Kolmnela's willful deportation, see other Courts that has added to "extraordinary and compelling" the willfulness of the defendant to be deported immediately; See (*United states v. Fromenta*, No. 18-cr-660 (AKH), 2020 WL 6132296, at\*3 (S.D.N.Y. Oct. 19, 2020). See also *United States v. Scparta*, No 18-cr-578 (AJN), 2020 WL 1910481, at \* 9 (S.D.N.Y. Apr. 19, 2020)

2 - MR. KOLMNELA'S HEART INFARCTION

The Government, believes, or is trying to demonstrate that Mr. Kolmnela's heart infarction was not cause by his COVID infection. The Government is saying that Mr. Kolmnela requested sick call for throat pain and heavy cough, and so was examined by medical staff two days later. The Government is not mentioning that two days after he requested sick call and was not attended to, Mr. Kolmnela was rushed to the Emergency Room for heart attack symptoms. (EXHIBIT-2) shows clearly that Mr. Kolmnela rushed to emergency and was examined for chest pain and respiratory symptoms, which are both, heart attack and COVID-19 symptoms.

. The truth is that Mr. Kolmnela had heart infarction which explained his chest pain he was lamenting. Also, after been in the same room with people who all became infected with COVID, Mr. Kolmnela had all the COVID symptoms for which he filed sick call on 12/09/2020. Mr. Kolmnela had heavy chest pain for several days before, on 12/11/2020, he was discovered with heart infarction.

. Another thing that proves that Mr. Kolmnela's heart infarction was caused by COVID infections is the opinions of several doctors, who saw Kolmnela's medical records. (For these reports, see EXHIBITS B and F.) These copies, obtained from the same medical records provided to this Court by the Government shows that the BOP doctors on 3/17/2021 found "myocardial infarction". This same diagnosis - "myocardial infarction" - was discovered and confirmed on the day of his emergency on 12/11/2020. Also this same diagnosis was seen on 3/18/2021, by the heart specialist that Mr. Kolmnela's wife contacted in NY to investigate his EKG results that were provided from Moshannon Valley doctors. (See EXHIBIT 6 from Mr. Kolmnela's first filing as Pro Se for reconsideration.) Also many known US and Worlds doctors have shown the connection between COVID and myocardia infarction. See (Exhibit-A).

. Mr. Kolmnela asks this Court to see that the BOP, his heart specialist and the world's leading heart doctors are on the same page. Nothing other than COVID-19 caused Mr. Kolmnela's heart condition.

. Mr. Kolmnela almost died in prison; this is another sign of the unusual punishment he has faced in prison. He will now live life compromised by his illnesses... especially if he once again contracts COVID-19.

### 3 - MR. KOLMNELA'S HEART IS STILL UNSTABLE AND VERY CONCERNING

The government argues that Mr. Kolmnela's EKG taken by BOP doctors on 6/10/2021 shows that Mr. Kolmnela had no problem.

. Mr. Kolmnela, respectfully, disagrees. In the medical records that the Government presented with their response, the EKG taken by BOP doctors on 6/10/2021 shows that Mr. Kolmnela's heart is unstable. More precisely it shows (sinus rhythm rapid) (normal EKG) (Unconfirmed report); see copy of this EKG in (EXHIBIT B). Further, the same EKG shows that Mr. Kolmnela's heart beats are rapid. This kind of heartbeat matches with what Mr. Kolmnela has been lamenting, on and off, with the doctors now for months, since he had the heart infarction. He still feels, day and night, abrupt heart beats and chest pain. Also, Mr. Kolmnela's total cholesterol and especially his bad cholesterol, has grown abruptly after having contracting COVID and his heart infarction. Before this time, Mr. Kolmnela's cholesterol levels were 182 (See EXHIBIT H), yet after he had heart infarction his cholesterol levels grew significantly to 227, which is a tremendous growth of 45 points of cholesterol. This is very concerning, as Mr. Kolmnela has been eating the same food all the time. Mr. Kolmnela's change of cholesterol levels matches with the opinions of many doctors and specialists, that COVID-19, as in his phenomenon, when causes heart problems, might raise cholesterol levels, and as a result affects the heart worst in the future.

### 4 - 18 U.S.C 3553(a) FACTORS

The government maintains that Mr. Kolmnela's early release from prison would be inappropriate in light of the factors set forth in 18 U.S.C. 3553(a). Mr. Kolmnela, respectfully, disagrees.

. The Second Circuit recently held (2020 US, Dist. LEXIS 4) that nothing "in the now-outdated version of Guideline 1B1.13 limits the District Court's discretion" to grant or deny a motion for a sentence reduction. United States V. Brooker, 976 F, 3d228 237 (2d Cir. 2020). Rather, the First Step Act "freed District Courts to consider the full state of extraordinary and compelling reasons that an imprisoned person might bring before them in motions for compassionate release." Id. at 237. "The only statutory limit on what a Court may consider to be extraordinary and compelling is that rehabilitation alone shall not be considered extraordinary and compelling reasons." Id. at 238(quoting 28U.S.C. 994(t)(emphasis in Brooker)).

. The government is arguing that Mr. Kolmnela does not satisfy the the 3553 goals.

. Mr. Kolmnela, respectfully, disagrees. Mr. Kolmnela satisfies the 3553 goals, as he has already served, and surpassed, the ten year sentence imposed upon him to be served under typical or usual punishment. Indeed, Mr. Kolmnela has served nearly 75% of his sentence so far under unusual punishment, which equals far more than ten years of usual punishment. In the last paragraph of Page 11 in the Government's response, the Government cites: (... "provides just punishment for his offense" ...).

Mr. Kolmnela has served six years and three months, already, in lockdowns, and worst in two prisons which have been harsh and horrendous, with inhumane and unusual conditions. This, and he's served 20 months already through threat and infection from the COVID-19 pandemic. Therefore, if Mr. Kolmnela has to serve more time than what he has already served, it will be inadequate with regards to "punishment just for his sentence." Any days beyond the present serve as more than his original sentence under its original conditions called for.

. Mr. Kolmnela served six plus years in two prisons that have since been closed down for the unhealthy and inhumane conditions in each. He served four plus years in MCC NY, which was closed down by the government for being one of the most unhealthy prisons in the U.S. (In the news, it said that 'the decision to close [MCC NY] comes weeks after Deputy Attorney General Lisa Monaco toured the jail and saw the conditions first hand.') As a result of his time in MCC NY, Mr. Kolmnela developed very bad and chronic respiratory allergies, and developed a permanent issue with his sinuses. (See (EXHIBIT-G), which shows that in 2015 when he first came to MCC NY, Mr. Kolmnela had no known allergies of any kind.) Further, who knows what other sicknesses he might have obtained from the conditions in MCC NY that are yet to show themselves at future time. In MCC, he lived in moldy cells under constant flooding of fecal matter, without exaggeration, up to the edge of his bed. He endured filth and dust with no chance to breathe fresh air for months and months, which sum years without fresh air.

. Mr. Kolmnela also served around two years in Moshannon Valley under extremely harsh conditions. He endured a full lockdown as a result of the COVID-19 pandemic in very filthy and inhumane conditions. Mr. Kolmnela, after six very difficult years is still living, right now, under a modified lockdown (Red Code) at FCI Allenwood Low. Thus, considering the unprecedented conditions he has lived under during his imprisonment - each day more harsh than intended in his original sentence - every minute that Mr. Kolmnela serves further is in excess of the ten years he was meant to serve in regular Federal Prison conditions. It exceeds the sentence this Court imposed as fair and just. It exceeds the sentence which his PSR stated was "itself [a] long" but necessary term. It exceeds the sentence that the government asked as a minimum. And, finally, it exceeds a sentence due a first-time, nonviolent offender.

. Mr. Kolmnela respectfully believes that the ways in which he has suffered during his six plus years makes his time served equal to the amount of punishment this Court deemed fair and just at his time of sentencing.

##### 5 - SENTENCE REQUESTED AND IMPOSED BASED ON 3553 FACTORS IN MR. KOLMNELA'S CASE.

Mr. Kolmnela was charged by the U.S. government with two criminal counts. After agreeing with the government, Mr. Kolmnela plead guilty in front of this Court, accepting the responsibility that he in concert with others was responsible for the charges that the government, rightfully, accused him of. In the plea agreement, based on 3553 factors, the Government asked for an at least ten year sentence for Mr. Kolmnela. The PSR, after looking at all the factors of the case, and considering 3553 factors in his case, stated in part, "...We recommend no more than ten years of sentence for Mr. Kolmnela, and anything over ten years, would be considered excessive, as ten years, itself, is already long." This Honorable Court, also, after looking at the government's request, the PSR recommendation, the request from Mr. Kolmnela's attorney, and considering the facts in Mr. Kolmnela's case, including 3553 factors, rightfully and fairly, imposed on Mr. Kolmnela a ten year sentence.

. (It is worth mentioning that neither the government in the plea agreement, nor the PSR, nor Mr. Kolmnela's attorney, nor This Honorable Court, anticipated nor calculated a sentence based on Mr. Kolmnela serving ten years under such an unusual punishment.)

While granting Mcrae's compassionate release, after having served 30 month of 70 months of sentence imposed on him, the Court stated; "First, and significant here, Mcrae does not have history of violence. As a result, the focus of 3553(a) factor requiring that the sentence imposed "protect the public from further crimes of the defendant" centers on assuring that Mcrae not resume drug dealing;...(Having served more than 30 months in prison, including the past 10 during the severe conditions occasioned by current Covid-19 pandemic, Mcrae assuredly has no interest in returning to that environment. He instead has every incentive to strictly obey the law so as to avoid remand and a new prison term.)

Second, the principal 3552(a)factors that undergirded the sentence the Court imposed were to ensure that Mcrae's sentence reflected the seriousness of his offense, promoted respect for the law, and represented just punishment. Those factors remains as weighty today as at the time of sentencing. However, Mcrae's term in custody has proven more arduous that Court intended- or anyone could have anticipated. That is because, for the past 10 months, Mcrae has been incarcerated during the unprecedented worldwide pandemic....

The court ruled in favor of Mcrae's early release by quoting that; is ruling so (for the unexpectedly punishing quality of the 10 months that Mcrae has spent in custody during unprecedented pandemic, and for the fact that Mcrae by now has served approximately 70% of his expected carceral sentence....) The day was released by the Courts decision, Mcrae in fact has served only 45% of his carceral sentence, but the court add to his serving sentence extra 12 months credit for his drug programing, and 6 months of home confinement eligibility, bringing his time served as 48 months, and calculate Mr. Mcrae's time as 70% served.

(In Mr. Kolmnela's case, he is serving by now 20 months under the unprecedented conditions of pandemic, and in total he has served nearly 75% of his expected carceral sentence; or up to (80% if the date of eligibility for home confinement is considered), which is way real sentence if compared to Mcrae which in reality, physically, had served only 30 of 70 months sentence.

##### 6 - MR. KOLMNELA HAS SERVED 74% OF HIS EFFECTIVE SENTENCE

The government argues that Mr. Kolmnela is asking this Court for a 38% reduction. Mr. Kolmnela, respectfully, disagrees. By the time this Honorable Court make its decision, his release would equal around a 22% discount.

. From the ten year prison sentence imposed, Mr. Kolmnela is entitled, automatously, to a 15% discount off of his sentence, because of his good time credits. See Computations sheets See EXHIBIT 1 - there is no reason to believe that Mr. Kolmnela, who has shown an exemplary good comportment during his sentence, will fail in the end); also See Mr. Kolmnela's male pattern (EXHIBIT 8). Further, Mr. Kolmnela's eligibility date for home confinement should reduce his prison time by at least another 5% (which means instead of in-prison, he would do that time in his home). Yet, even though Mr. Kolmnela has a home and family here, and he had a date of elegibility appointed for home confinement, he cannot be in home confinement because he is without an American passport. Yet another point is, that considering the home confinement eligibility Mr. Kolmnela is asking for a nearly 17% reduction from the prison time, and if the home confinement date is not considered as valid by this Honorable Court, Mr. Kolmnela is asking for a nearly 22% reduction from the time he must serve in prison. Neither of these is equal to the Government's stated 38% reduction.

## 7 - MR. KOLMNELA'S COVID INFECTION, AND HEART PROBLEMS AS A RESULT OF COVID-19.

The government is arguing that Mr. Kolmnela's EKG heart results could have been confused by his strep throat, thus the COVID-19 infection was not what damaged his heart. Also the government is saying that Mr. Kolmnela on 11/12/2020 went to a sick call appointment only for throat, pain and heavy cough. The Government is not mentioning that Mr. Kolmnela was rushed to

emergency for " heavy chest pain."

Mr. Kolmnela, respectfully, argues: Mr. Kolmnela suffers heavy cough, throat pain, and "heavy chest pain" (which is an indication of heart problem which recently, in fact, was proven by EKG results). In Moshannon valley, Mr. Kolmnela lived together with another 72 inmates in a living area of two thousand (2000) square feet. On 12/09/2020 Mr. Kolmnela filed a sick call request, for health check, as he was suffering severely of COVID symptoms, lamenting of throat pain and a heavy cough, which in the midst of the COVID pandemic, when all the inmates that were tested in his unit tested 100% positive, offers clear indication that Mr. Kolmnela was also infected by COVID-19. Mr. Kolmnela's sick call request was not responded to immediately because the doctors there were very busy. He understands. Yet, Mr. Kolmnela started experiencing heavy chest pain through the following days and nights, and one night after not been able to sleep from heavy chest pains, his fellow inmates suggested he ask for emergency care, as they saw that he looked strange and didn't feel good. During the night and early morning of 12/11/2020, Mr. Kolmnela could not handle his chest pain and at 7 AM he explained to the nurse that he had heavy chest pains. The nurse understood from his appearance that he was very sick, and she rushed him to emergency. (See EXHIBIT 2.) Thus this shows that Mr. Kolmnela went through heart infarction in those days. Also if Mr. Kolmnela was tested for COVID two days earlier when he requested a sick call, he might have shown positive for COVID-19, as 100% of the inmates that were rushed to emergency on 12/09/2020 tested positive. Also see EXHIBIT 2, where the nurse notes that Mr. Kolmnela has been exposed to people with COVID-19 in his Unit.

All the world now knows of COVID-19: This honorable Court, the Government, the CDC, and every person in the world knows that anyone in a two thousand squarefoot living space, if, when 30 or 40 inmates that were tested at once showed 100% positive for COVID-19, every one of the 72 people is infected. Thus Mr. Kolmnela has had COVID-19. This is undisputable, that Mr. Kolmnela and every one in that small room was infected.

Also, it has been proven that COVID-19 damages the heart. (See EXHIBIT A.) and also the CDC's information, and recent medical news on how COVID-19 attacks people's hearts when COVID infects them. Thus, Mr. Kolmnela's heart EKG was not affected or made unreliable by strep throat, but his heart was hurt by COVID. Mr. Kolmnela tested negative just because he had passed a day or two beyond when his infection would have registered. (Thus, this is another additional factor that make his time in prison even harsher, and it shows that if he gets infected again with the DELTA , or MU variant or whatever may come next, it could still damage his heart further.)

## 8 - THE REASONS WHY MR. KOLMNELA DID NOT INCLUDE HIS HEART ISSUES IN THE FIRST FILINGS FOR COMPASSIONATE RELEASE.

The government, rightfully, asks why Mr. Kolmnela did not argue his heart infarction in the first filing for compassionate release. Here Mr. Kolmnela explains: Mr. Kolmnela was waiting for the heart specialist report, and that was provided after this Court has made the decision. (See EXHIBIT 8)

Mr. Kolmnela went into emergency for heavy chest pains after days of fever and coughing on 12/11/2020. (See EXHIBIT 2.) Never was it mentioned by Moshannon Valley doctors that his EKG showed any irregularity. On 12/20/2020, he requested his medical records from Moshannon Valley doctors. Mr. Kolmnela obtain those medical records on 1/20/2021. (See EXHIBIT 5.) Mr. Kolmnela then asked the doctors in Moshannon Valley to see a heart specialist to further look his EKG. Moshannon Valley doctors told him that they had no such service anymore because the prison was about to close down. Mr. Kolmnela talked to his wife, and she to his attorney, and his attorney suggested to his wife to send the EKG results to a heart specialist outside. Mr. Kolmnela then sent those copies to his wife, and his wife sent them to a heart specialist in NY. All of this took weeks. Mr. Kolmnela was transferred to another prison during this time. The worrisome results from the heart specialist came on 3/18/2021. Mr. Kolmnela knew this on around 4/2/2021, when he was able finally to communicate with his family after his transit from prison to prison and his several week isolation per COVID norms.

## 9- THE REASON WHY MR. KOLMNELA DID NOT INCLUDE HIS OTHER ARGUMENTS IN HIS FIRST FILINGS FOR COMPASSIONATE RELEASE.

The government, rightfully, asks why Mr. Kolmnela did not argue these other arguments in his first filing for compassionate release. Here Mr. Kolmnela explains:

On or around late November 2020, Mr. Kolmnela's wife contacted a private attorney to file on his behalf for compassionate release on the grounds of his wife's health, and on other grounds that the attorney might consider valid. Mr. Kolmnela did not know exactly what falls in his rights, or might qualifies him for relief, or reduction of sentence. Also he personally, could not share his situation properly with his attorney. In Moshannon Valley prison, Mr. Kolmnela was completely without Email access during all the time he was there. Mr. Kolmnela's attorney tried to make conference call with Mr. Kolmnela, but also it was not possible as cause of extreme Covid cases that were flowing in Moshannon Valley Prison. Also, especially during COVID infections confusions, the postal mail was sometimes lost. This was even worse during the COVID-19 pandemic. For example, Mr. Kolmnela's attorney mailed him the compassionate release filings and the government's response, but Mr. Kolmnela never got these.

When Mr. Kolmnela decided to represent himself Pro Se, he started studying and looking over his case and situation to find which details or rights made him eligible to file in favor of his early release, as a response to the denied compassionate release he'd received. He sees other case laws when people had get relief by NY, and other District Courts, when serving their

sentences under harsh conditions, and he did file for harsh conditions, as are those harsh conditions that bring him, in part, to a heart infraction. He was infected so hard by COVID, at first because of his low immune system, that COVID easily causes his heart to infract. Further, are the harsh conditions, including the permanent time he served without being able to breathe fresh air, that has caused his now permanent severe allergies, which are the number one cause to lower a person's immune system.

#### 10 - THE VACCINE

The government is arguing that Mr. Kolmnela has taken the vaccine, and will be fine.

Mr. Kolmnela, respectfully, would like to explain that he had both choices, to take and to not take the vaccine. For fear of developing blood clots he declined to take the vaccine at first. However, after seeing how the government was urging the entire country to take the vaccine, Mr. Kolmnela did decide to take the vaccine, to protect others, to protect himself, and to satisfy the concerns of the U.S. government, which is making extraordinary efforts to convince people to get vaccinated. Mr. Kolmnela considers that government, and this Honorable Court, should view his choice to accept vaccination in favor of, not in disfavor of, his release.

#### 11 - MR. KOLMNELA IS STILL AT RISK IF HE CONTRACTS COVID-19 "DELTA" VARIANT, OR THE NEW "MU" VARIANT

Mr. Kolmnela's heart still shows irregularities. (See EXHIBIT-A.) The EKG taken in Allenwood Low shows that Mr. Kolmnela's heart beats are irregular and fast. And the EKG shows inconclusive findings. (EXHIBIT-F) shows that Mr. Kolmnela has an "Old myocardial infarction" And "unspecified chest pains". It's true that Mr. Kolmnela was taken to the hospital, and he is thankful to the government for that, but the heart check that was conducted was to see if Mr. Kolmnela had any blood clots in the veins near his heart, and it looks like he doesn't, for now. That's why, in part, Mr. Kolmnela decided to take the Vaccine without further hesitation, after having negated it previously. (See EXHIBIT D.) Yet, Mr. Kolmnela has not been given a long-term heart check

to define his heart function during different hours of the day and night. Mr. Kolmnela is not a big complainer, but he still has rapid heart beats, from time to time, and abrupt chest pains that come and go, during the day and night. He is trying to live with it, but he fears for his health safety. He cannot push himself while exercising, and cannot walk for long periods. Mr. Kolmnela still remains very worried for his heart, and more, especially if he gets infected with the COVID-19 Delta Variant, or the new "MU" variant. Moreover, based on his latest blood test, Mr. Kolmnela shows to have high cholesterol, especially the "bad" cholesterol. (See EXHIBIT C.) This, even though Mr. Kolmnela eats still the same what he used to eat when his cholesterol levels were lower. Also Mr. Kolmnela still has high levels of severe allergies that are proven medically to lower the immune system; this makes him, again, a bad candidate to fight properly against COVID-19. It is worth mentioning that Mr. Kolmnela did not have allergies before he was imprisoned on 2015. (See EXHIBIT G.) He developed the allergies while he was housed in MCC NY, where the mold and other health damaging factors were too common. As a result of being in such a prison for 4 plus years, Mr. Kolmnela might have to live for the rest of his life with permanent respiratory allergies. (This fact, clearly, makes his punishment harsher and unusual.)

Moreover, Mr. Kolmnela remains afraid of contracting COVID-19 again. It has been proven by CDC doctors and other doctors that the vaccine protects people more for long issues and respiratory issues than if COVID damaged that person's heart. Therefore, Mr. Kolmnela still remains in life danger to high degree, even though he's been vaccinated. Also the vaccine, as the government mentioned, is effective in 94.1% of people. No one can guarantee that Mr. Kolmnela won't be part of those 5.9% at higher risk, and this can be made worse by his severe respiratory allergies, cholesterol, and unsteady heart. Also the Moderna vaccine says clearly in their fact sheets that "The Moderna Vaccine may not protect every one." (See EXHIBIT-E.) Also, now the new COVID variant known as "MU" is spreading in the US and the doctors in all news outlets are mentioning concerns as it is proven that it is resistant, in some cases, to the vaccines.

#### 12- MR. KOLMNELA COMMITTED HIS CRIMES AT A MATURE AGE

Mr. Kolmnela, fully agrees with the government, that at the time he was involved with others in illegal activity, he was not in need for money, nor was he young enough to fall by accident into this kind of mistake. The Government is completely right on these points.

Mr. Kolmnela would like to explain, but not justify: Even though he is smart in many fields of life, Mr. Kolmnela was ignorant in certain other areas. He grew up under a Communist regime, and the mentality of most of the people in that kind of regime is to say "YES" to others (even for something that is wrong), when one should rather, definitely, say "NO." Mr. Kolmnela understands that this mentality might sound very strange to people in the United States, to the Government, and to this Honorable Court, but in part this mentality is what drove Mr. Kolmnela to be involved, very wrongfully, in crimes in concert with others, to which he would never have agreed.

Mr. Kolmnela came to U.S. at the age of 34 years old, and until then he had been raised and matured with this kind of wrong mentality. And, he did not fully mature, even at 45 years old. So for him to ripen, and mature, and to completely change his mentality, he had to end up in prison, which he did. And, only after suffering all that he has suffered, and what his sick wife and children and his old and sick mother continue to suffer, he has converted himself into a completely different person with another, healthier mentality.

Mr. Kolmnela understands that there is no justification for him committing his crimes. Through his suffering in prison, he has faced his mistakes and changed his wrongful thinking. Every day of his life from now, he will think of how to become a grateful, deserving, and helpful human in society, one who works for the world's future. Mr. Kolmnela truly regrets having been involved in the world of crime that he never should have been involved with. Now that his mentality has changed and he has matured, he

can't wait to serve the world in proper ways, using his good skills, and his bad experiences as tools to help others for good reasons and causes. For example; Mr. Kolmnela likes to make known to This Honorable Court, that he and his wife have agreed to convert their California home in a Rehabilitation home for the victims of drug abuse. His wife is working in this project right now.

For his very wrong actions, Mr. Kolmnela had apologize in front of This Honorable Court on the day of his sentence, and he truthfully and sincerely apologizes once again to this Honorable Court, to the Government of United States, to the world, and to his family, for the crimes that he committed.

### 13 - IF MR. KOLMNELA IS RELEASED.

The government argues that if Mr. Kolmnela is released with Compassionate Release, he will not be in a safer place than he is, in another prison (in ICE detention).

Mr. Kolmnela, respectfully, disagrees: For if Mr. Kolmnela is released to ICE (immigration) his wife will buy his plane ticket and he will be immediately, willfully, deported; as he has promised to this court, and he will have no need to stay in ICE detention.

### 14-MR KOLMNELA'S PUNISHMENT, AND HIM FULFILLING IT.

The government is arguing that this Court imposed on Mr. Kolmnela a ten year sentence as punishment for his crimes. Mr. Kolmnela fully agrees. To the government's response he argue that he is not arguing against the sentence that was, rightfully, imposed to him by this Honorable Court. The conclusion is that Mr. Kolmnela has paid such punishment; considering all the circumstances, all his extra sufferings, all his unusual punishment, that he has complied with the punishment imposed to him based on 3553.

Considering the percentage of sentence he has served, Mr. Kolmnela has lived in harsh condition longer than any other defendant whose sentences have been reduced, in part, of the same basis. Is worth to mention that Mr. Kolmnela nearly died of heart infract caused by Covid-19. In Moshannon Valley, two inmates did die, both as cause of heart infractions caused by Covid. Mr. Kolmnela could well has been the third, for the way that Covid hit his heart. Only God saved Mr. Kolmnela.

It is worth to mention that during serving 74% of his effective time in prison, Mr. Kolmnela hasn't been able to live even a single day in what is considered a normal day in a US Federal Prison, neither to undergo to fully enjoy the privileges of a normal prisoner, in a normal US prison. Thus Mr. Kolmnela has not been able, yet, to live one normal day in prison, as the imprisonment's norms suggest for an inmate of his minimum security profile defendant. See (EXHIBIT-8)

Also, in cases that Mr. Kolmnela has mentioned in his filing for reconsideration, in this letter, and in many other cases that the District Court Judges have reduced the mandatory minimum sentences for defendants that had lived, short or long part of their sentence, in harsh conditions just during the time of COVID. Many Judges have ruled in favor of defendants, combining their harsh conditions of pretrial and COVID times. For as far as Mr. Kolmnela has seen in public records, he has been living in harsh, and unusual, conditions longer than any other defendant that has been released, in part on the same bases. For, Mr. Kolmnela believes that in his case, this Honorable Court should consider to rule in favor of his release, since Mr. Kolmnela has almost two years living in very harsh conditions of COVID, and four plus years in pretrial harsh conditions in a prison that this Honorable Court, and the Government knows about (MCC NY) prison. There is no better indication than that Mr. Kolmnela has been living in, for this Honorable court to reduce the mandatory minimum in Mr. Kolmnela's case.

### 15- CONCLUSION

Mr. Kolmnela served over four years in a prison (MCC NY) that was forced to close by the government for its inhumane conditions. From there, Mr. Kolmnela was transferred to Moshannon Valley, known also for its inhumane conditions. As soon as he arrived in Moshannon Valley, the pandemic started, and he served nearly all his time in a full lockdown. In Moshannon Valley, Mr. Kolmnela was also infected with COVID-19, which caused his heart infarction and brought him near the threshold of death.

Thus is it worthy ,and just, to consider that Mr. Kolmnela has served almost all of his prison time (nearly 75% of his effective sentence) in full or modified lockdown, without the ability to breathe fresh air for months, and years. Mr. Kolmnela would understand if, for any reason of circumstance, he had been forced to serve 10, 20, 30, 40 or even up to 50% of his sentence under such harsh and unusual conditions. But to have spent nearly 75% of his effective sentence under such unusual conditions makes him unique among the vast majority of inmates in the U.S. federal system.

The horrendous conditions Mr. Kolmnela has served under at two different prisons - under mold, sewage flooding, and limited fresh air - and almost two years during the worst pandemic of our lives, make the time he has served equivalent to the ten years, or even more, which were imposed.

Mr. Kolmnela does not blame the Government for his harsh and unusual punishment. But the truth is that he has suffered greater and harsher punishment, and deserves to receive some relief. He has served the majority of his sentence already, and all of it in such conditions that he has surpassed the amount of difficulty a ten year sentence should have been expected to carry in a usual US federal prison. This is far more than this Honorable Court intended. And it is far beyond the intent of the 3553 used at his sentencing.

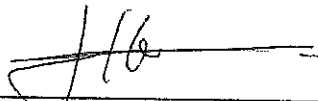
Several lower Courts, and Appeals Courts have respond, releasing inmates, with the similar harsh punishment as Mr. Kolmnela has experienced. They have ruled in favor of releasing inmates who have served unusual punishments during this pandemic earlier. For this reason, Mr. Kolmnela pleads this Honorable Court to reconsider his case as particular and unusual, because this is in fact what it is, unusual.

COVID-19 is once again spiking. It is not receding. These days are the worst since the pandemic began. Mr. Kolmnela is in constant danger if he contracts COVID a second time. Even while vaccinated, COVID can still pose a danger to his heart condition. (Though vaccinated people are dying at a rate below than those who are not vaccinated, the White House Chief of Staff and CDC said on Labor's Day that vaccinated individuals are still catching DELTA, or "MU" and are, in fact, dying.)

Mr. Kolmnela pleads for this Court to have mercy, and to consider, in particular, his suffering, and his unusual punishment during these long, six plus years, serving harsher punishment that this Honorable Court could have anticipated or intended, and to release him so he can be willfully deported and go in his country to start a new chapter of life far from any wrongdoing.

Mr. Kolmnela, truly, believes that all the facts and reasons explained in this response, and in the last filing for reconsideration, show "Extraordinary and Compelling reasons" to be released early.

RESPECTFULLY SUBMITTED,



---

Leon Kolmnela  
Register Number: 92398-054  
Federal Correctional Correctional  
Allenwood Low  
P.O. Box 1000  
White Deer, PA 17887



(EXHIBIT-A)

FROM: Ndreca, Justine  
TO: 92398054  
SUBJECT: RE: How Covid-19 Affect a healthy heart?  
DATE: 09/08/2021 02:06:01 PM

Patients infected with the virus SARS-CoV-2 and its clinical disease COVID-19 are often minimally symptomatic or asymptomatic. More severe presentations include pneumonia and acute respiratory distress syndrome.

In some patients, the heart may be affected, and this can occur in individuals with or without a prior cardiovascular diagnosis. Evidence of myocardial injury, as defined as an elevated troponin level, is common among patients hospitalized with COVID-19, with putative causes including stress cardiomyopathy, hypoxic injury, ischemic injury (caused by cardiac microvascular damage or epicardial coronary artery disease), and systemic inflammatory response syndrome (cytokine storm). A minority of patients with an elevated troponin level present with symptoms and signs suggestive of an acute coronary syndrome. (See "COVID-19: Evaluation and management of cardiac disease in adults" and "Diagnosis of acute myocardial infarction", section on 'Clinical manifestations' and "Clinical manifestations and diagnosis of cardiogenic shock in acute myocardial infarction", section on 'Clinical presentation' and "Approach to diagnosis and evaluation of acute decompensated heart failure in adults", section on 'Clinical manifestations'.)

Patients with cardiovascular disease, hypertension, obesity, and diabetes are at increased risk of a poor prognosis. In addition, patients with myocardial injury, irrespective of cause, have a poorer prognosis.

This topic will address our approach to the diagnosis and management of patients with either an acute coronary syndrome or stable coronary artery disease (CAD) who are suspected of or who have confirmed COVID-19 infection.. Our approach and recommendations only apply during the pandemic and are superseded by routine care thereafter.

The potential impact of the virus on the myocardium and conduction system is discussed elsewhere:

LEOM KOLMNELA on 9/7/2021 7:21:56 PM wrote  
Jeta see if you can email me some more info by serching "Covid-19 and myocardiatic infraction"  
Please try to email it to me today, if you can.  
Thank you jeta.  
-----Ndreca, Justine on 9/7/2021 1:36 PM wrote:

>

How Does COVID-19 Affect the Heart?  
March 23, 2021 - Katie McCallum

At the beginning of the pandemic, COVID-19 was largely thought of as a respiratory illness. And while the virus can certainly wreak havoc on a person's airways and lungs, it's now clear that COVID-19 affects more than just the respiratory system.

"Fairly early during the pandemic, clinicians noticed that individuals with heart disease were more likely to develop severe COVID-19 than others. Not long after that, experts began to notice that severe COVID-19 can cause a variety of cardiac problems, including myocarditis, which is inflammation of a person's heart muscle.. This is significant because myocarditis, when severe, can impact a person's health," explains Dr. Barry Trachtenberg, cardiologist and heart failure expert at Houston Methodist.

Dr. Trachtenberg is here to answer questions you may have about how COVID-19 specifically affects the heart.

Q: Why does heart disease increase a person's risk of severe infection?

Dr. Trachtenberg: For most people, COVID-19 is a mild illness that can be managed at home. Somewhere around 20% of infected individuals, however, develop severe symptoms and complications that increase the likelihood of hospitalization, and even death.

Of those who are more at risk for severe COVID-19 are individuals with pre-existing cardiovascular conditions, including:

Heart failure  
Coronary artery disease (CAD)

TRULINCS 92398054 - KOLMNELA, LEOM - Unit: ALF-U-B

(EXHIBIT-A)

FROM: 92398054  
TO: Ndreca, Justine  
SUBJECT: RE: RE: How Covid-19 Affect a healthy heart?  
DATE: 09/10/2021 04:43:42 PM

What are long-term implications of the heart damage caused by myocarditis from Covid-19?

-----Ndreca, Justine on 9/7/2021 1:36 PM wrote:

>

What are the long-term implications of the heart damage caused by myocarditis from COVID-19?

Dr. Trachtenberg: Myocarditis is generally a rare phenomenon, and most patients make a complete recovery.

However, in some cases, severe myocarditis can cause permanent damage to the heart with long-term health implications that include:

- Heart failure
- Arrhythmia
- Increased risk of heart attack or stroke

The good news is that mild myocarditis generally has a very favorable prognosis, with most people making a complete recovery without any long-lasting effects on the heart.

What we don't yet know is whether this mild, asymptomatic myocarditis that can be seen via cardiac imaging in people who've recovered from severe COVID-19 will have long-term consequences. As mentioned, mild myocarditis typically has a promising prognosis. However, ongoing monitoring, particularly in individuals who are already more susceptible to myocarditis (such as athletes), is warranted.

LEOM KOLMNELA on 9/6/2021 2:21:18 PM wrote  
Zemer, I need you to, please, search on Google doctor's opinions; How Covid-19 Affects a healthy heart?

And email to me things that you can find similar to my case that gives me Heart Infract.  
I need today or tomorrow this information, so please search it for me.  
Thank You.

TRULINCS 92398054 - KOLMNELA, LEOM - Unit: ALF-U-B

(EXHIBIT A)

Cardiomyopathy  
Obesity

In addition, individuals may also be higher risk if they have high blood pressure (also called hypertension) a very common condition that affects a person's blood vessels and heart.

Initially, it wasn't completely clear why having a heart condition makes a person more vulnerable to COVID-19. But our understanding of how this virus affects the body specifically, the heart and vascular system has grown tremendously over the last year. We now know that there are two prevailing reasons that heart disease is associated with a poorer COVID-19 prognosis.

First, a person with a weakened heart or vascular system is more vulnerable to the complications that can develop while ill with COVID-19. These complications include:

- Low blood pressure
- Low blood oxygen levels
- Heart rate changes that accompany fever
- Excessive inflammation
- Increased risk of blood clots

Even a healthy heart has to work very hard to help overcome these COVID-19-related complications, but for a heart that's already struggling these complications can easily become severe and turn deadly.

Second, heart disease is often accompanied by other health conditions that affect the overall function of the body, such as diabetes and obesity. For instance, obesity is shown to cause excessive inflammation, and diabetes increases a person's risk of developing blood clots even in the absence of infection. While ill with COVID-19, it's believed that these pre-existing conditions likely further intensify the effects this virus can have on an already strained heart.

Q: How does COVID-19 affect a person's heart?

Dr. Trachtenberg: What we've learned is that COVID-19 can cause multi-organ damage, including both direct and indirect damage to a person's heart.

One way COVID-19 can affect the heart is by invading the heart muscle itself, causing inflammation within it and, in severe cases, even permanent damage via muscle scarring or muscle cell death.. This has been very controversial, however.. While imaging data suggests that inflammation is happening, there are few documented cases where cardiac biopsy or autopsy clearly shows virus present in the heart with associated myocarditis. This may be, in part, due to the hesitancy to biopsy people who are contagious.

Inflammation can also accumulate in the heart as a result of a person's immune system overreacting to the infection, flooding the body with what's called a "cytokine storm." While less direct, this mechanism of damage is more common.

LEOM KOLMNELA on 9/6/2021 2:21:18 PM wrote

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I need today or tomorrow this information, so please search it for me.

Thank You.

TRULINCS 92398054 - KOLMNELA, LEOM - Unit: ALF-U-B

(EXHIBIT-A)

FROM: 92398054  
TO: Ndreca, Justine  
SUBJECT: RE: RE: How Covid-19 Affect a healthy heart?  
DATE: 09/10/2021 10:03:50 AM

HOW COVID-19 AFFECTS THE HEALTHY HEART?!

This Information was recollected from internet News and sent to Mr. Kolmnela from his family.

1-I will add that we've learned a tremendous amount about Covid-19 and teh heart over last year.

2-Covid-19 also can cause inflammation in the lining of the blood vessels that transport bllood and nutrients throughout the body. This ultimately, can lead to increased blood clot formation and a greater likelihood for these clots to stick the walls of blood vesels, further increasing the risk of heart attack or stoke and potentially causing low blood oxygen level.

-----Ndreca, Justine on 9/7/2021 1:36 PM wrote:

>

Regardless of whether it's caused directly or indirectly during coronavirus infection, inflammation within heart muscle is called myocarditis and is a common cause of heart failure.

There are several other ways the heart can be affected by COVID-19. For instance, if the lungs become inflamed or scarred, the right ventricle has to work harder to deliver blood to the lungs. This strain can impair the right ventricle, causing right-sided heart failure with fluid backing up into the liver and kidneys. It can also cause swelling and fluid accumulation in the legs and abdomen.

COVID-19 can also cause inflammation in the lining of the blood vessels that transport blood and nutrients throughout the body. This, ultimately, can lead to increased blood clot formation and a greater likelihood for these clots to stick to the walls of blood vessels, further increasing the risk of heart attack or stroke and potentially causing low blood oxygen levels.

If blood oxygen levels are affected and drop so low that the heart muscle is no longer receiving ample oxygen from the lungs, further damage to the heart occurs.

Lastly, any major stress to the body can cause stress cardiomyopathy, which mimics a heart attack but without blockages in the coronary arteries.

I will add that we've learned a tremendous amount about COVID-19 and the heart over the last year, thanks to the amazing dedication of scientists around the globe. However, there's still a lot that we are learning.

LEOM KOLMNELA on 9/6/2021 2:21:18 PM wrote  
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And email to me things that you can find similar to my case that gives me Heart Infract.

I need today or tomorrow this information, so please search it for me.

Thank You.

09/01/2021

(EXHIBIT - B)

ID: 92398054  
Name: KOLMELA  
Age: 52 yr

Gender: Male

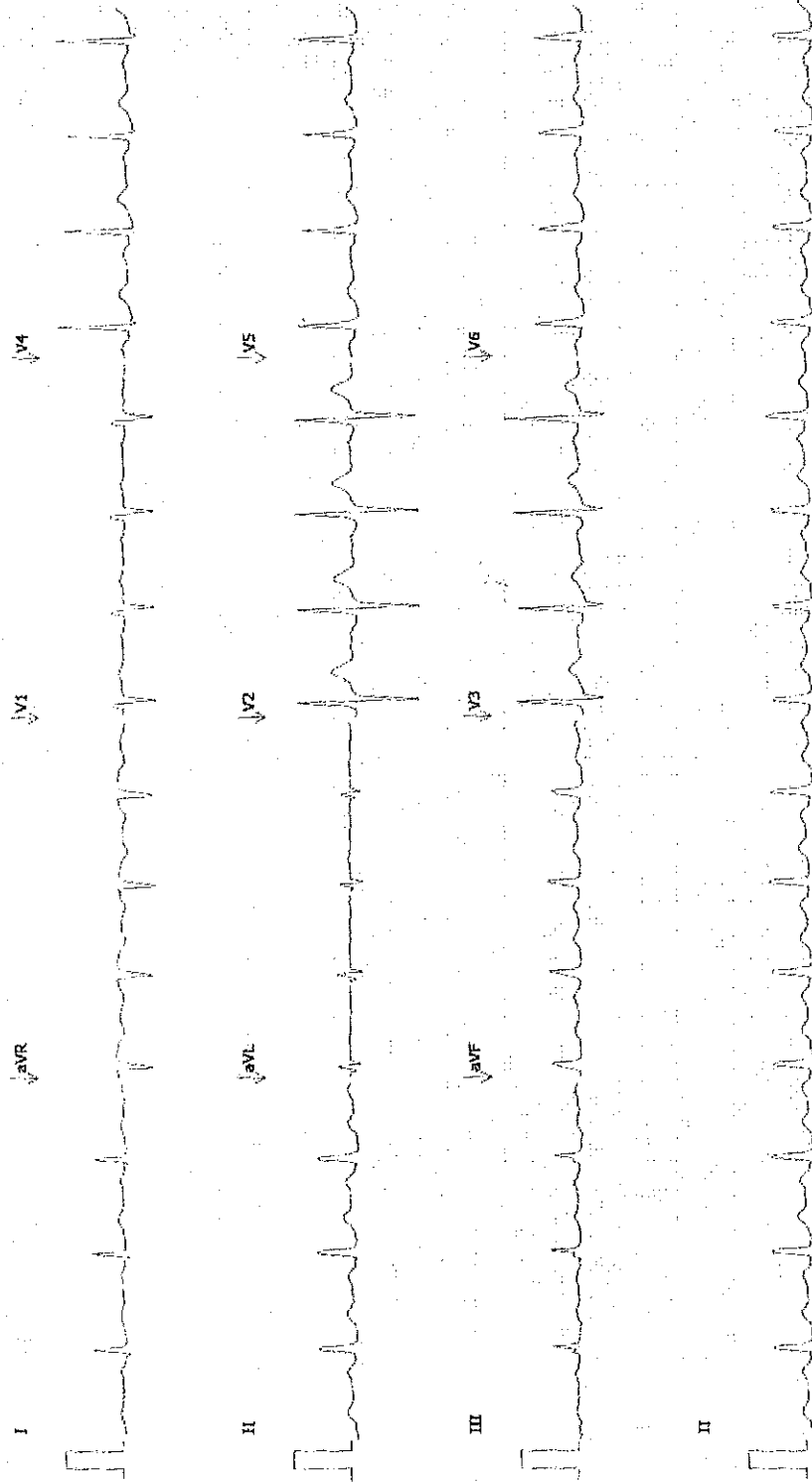
06/10/2021 07:20:39AM  
P/PR: 128/170 ms  
QRS: 106 ms  
QT/QTc: 372/460 ms  
P/QRS/T axis: 58/63/39 deg  
Heart rate: 92 bpm

sinus rhythm (rapid)  
Normal ECG  
Unconfirmed Report

A. Pedro, PA-C

JUN 10 2021

FCC Allenwood



25 mm/s 10 mm/mV Frequency Response [0.5-35] Hz 60Hz Version 2.10.08

P/N 106355



(BXH(BIT-C))

Patient Information	Specimen Information	Client Information
KOLMNELA, LEOM DOB: 03/14/1969 AGE: 52 Gender: M Patient ID: 92398-054	Specimen: NE997947U Collected: 06/17/2021 Received: 06/18/2021 / 03:46 EDT Reported: 06/18/2021 / 08:04 EDT	Client #: 17887001 MOCLOCK, MICHAEL

Test Name	In Range	Out Of Range	Reference Range	Lab
-----------	----------	--------------	-----------------	-----

diabetes:

<5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)
> or =6.5%	Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

TSH	0.45	0.40-4.50 mIU/L	QHO
CBC (INCLUDES DIFF/PLT)			QHO
WHITE BLOOD CELL COUNT	6.5	3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.11	4.20-5.80 Million/uL	
HEMOGLOBIN	14.9	13.2-17.1 g/dL	
HEMATOCRIT	44.2	38.5-50.0 %	
MCV	86.5	80.0-100.0 fL	
MCH	29.2	27.0-33.0 pg	
MCHC	33.7	32.0-36.0 g/dL	
RDW	12.2	11.0-15.0 %	
PLATELET COUNT	189	140-400 Thousand/uL	
MPV	10.7	7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2373	1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	3556	850-3900 cells/uL	
ABSOLUTE MONOCYTES	449	200-950 cells/uL	
ABSOLUTE EOSINOPHILS	72	15-500 cells/uL	
ABSOLUTE BASOPHILS	52	0-200 cells/uL	
NEUTROPHILS	36.5	%	
LYMPHOCYTES	54.7	%	
MONOCYTES	6.9	%	
EOSINOPHILS	1.1	%	
BASOPHILS	0.8	%	

## PERFORMING SITE:

QHO QUEST DIAGNOSTICS HORSHAM, 900 BUSINESS CENTER DRIVE, HORSHAM, PA 19044-3432 Laboratory Director: ANDREW S EDELMAN, MD PHD, CLIA: 39D0204404

## LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

CHOLESTEROL, TOTAL

LDL-CHOLESTEROL

Reference range: &lt;100

212 H

127 H

&lt;200 mg/dL

mg/dL (calc)

QHO

QHO

Desirable range <100 mg/dL for primary prevention;  
<70 mg/dL for patients with CHD or diabetic patients  
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins  
calculation, which is a validated novel method providing

**Bureau of Prisons  
Health Services  
Immunizations**

Begin Date: 08/20/2020

End Date: 08/20/2021

Reg #: 92398-054

Inmate Name: KOLMNELA, LEOM

<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage</u>	<u>Drug Mfg.</u>	<u>Lot #</u>	<u>Dose #</u>	<u>Exp Date</u>
COVID-19 Moderna Vaccine	08/18/2021	Now	Left Deltoid	0.5mL	Moderna	939902	2	01/07/2022
Orig Entered: 08/18/2021 11:18 EST		Brown, D. RN						
COVID-19 Moderna Vaccine	07/22/2021	Now	Left Deltoid	0.5mL	Moderna	028D21A	1	08/19/2021
Orig Entered: 07/22/2021 11:06 EST		Yordy, A. RN						
COVID-19 Moderna Vaccine	04/06/2021	Refused						
Orig Entered: 04/06/2021 09:46 EST		Taylor, Rachal RN, IOP/IDC, Regional Diabetic Nurse Consultant						

Total: 3

09/01/2021

(PKH(BCT-D))



(EXHIBIT-E)

**FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
EMERGENCY USE AUTHORIZATION (EUA) OF  
THE MODERNA COVID-19 VACCINE TO PREVENT CORONAVIRUS DISEASE 2019  
(COVID-19) IN INDIVIDUALS 18 YEARS OF AGE AND OLDER**

You are being offered the Moderna COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2. This Fact Sheet contains information to help you understand the risks and benefits of the Moderna COVID-19 Vaccine, which you may receive because there is currently a pandemic of COVID-19.

The Moderna COVID-19 Vaccine is a vaccine and may prevent you from getting COVID-19. There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

Read this Fact Sheet for information about the Moderna COVID-19 Vaccine. Talk to the vaccination provider if you have questions. It is your choice to receive the Moderna COVID-19 Vaccine.

The Moderna COVID-19 Vaccine is administered as a 2-dose series, 1 month apart, into the muscle.

The Moderna COVID-19 Vaccine may not protect everyone.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please visit [www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua).

**WHAT YOU NEED TO KNOW BEFORE YOU GET THIS VACCINE**

**WHAT IS COVID-19?**

COVID-19 is caused by a coronavirus called SARS-CoV-2. This type of coronavirus has not been seen before. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

**WHAT IS THE MODERNA COVID-19 VACCINE?**

The Moderna COVID-19 Vaccine is an unapproved vaccine that may prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

For more information on EUA, see the “What is an Emergency Use Authorization (EUA)?” section at the end of this Fact Sheet.

**Bureau of Prisons  
Health Services  
Health Problems**

(EXHIBIT - F)

Reg #: 92398-054      Inmate Name: KOLMNELA, LEOM      09/01/2021

Description	Current			Resolved		
	Axis	Code	Type	Code	Diag. Date	Status
Hemangioma of skin and subcutaneous tissue						
06/30/2015 21:08 EST Mitchell, T. PA-C cherry angiomas	III	ICD-9	228.01	06/30/2015	Current	06/30/2015
Nevus, non-neoplastic						
06/30/2015 21:08 EST Mitchell, T. PA-C	III	ICD-9	448.1	06/30/2015	Current	06/30/2015
LTBI Prophyl Refused						
07/17/2019 13:21 EST Beaudouin, Robert MD	III	ICD-10	795.5D	07/17/2019	Current	
Old myocardial infarction						
03/17/2021 10:11 EST Hernandez, Sara PA-C		ICD-10	I252	03/17/2021	Current	
Allergic rhinitis						
01/10/2020 11:09 EST Lee, Dara MD		ICD-10	J309	01/10/2020	Current	
Unspecified disorder of nose and nasal sinuses						
12/26/2019 13:15 EST Timothy, Beverly ANP-C		ICD-10	J349	12/26/2019	Current	
Chest pain, unspecified						
06/10/2021 12:02 EST Pedro, Amber PA-C		ICD-10	R079	06/10/2021	Current	
Counseling NOS						
09/30/2015 13:35 EST Joaquin, Y. MLP	III	ICD-9	V65.40	09/30/2015	Current	09/30/2015
LTBI Pending Tx Eval						
07/29/2019 14:13 EST Kopera, Jason RN/NER	III	ICD-10	P795.5	09/07/2018	Resolved	07/29/2019
Patient had a Positive (+) PPD on 07/04/18 with a reading of 20 mm. Recently refused.						
09/07/2018 13:41 EST Thomas, Terrance RN/IOP/IDC	III	ICD-10	P795.5	09/07/2018	Current	
Patient had a Positive (+) PPD on 07/04/18 with a reading of 20 mm. Coronavirus COVID-19 test negative						
03/29/2021 07:56 EST Taylor, Rachal RN,IOP/IDC, Regional Diabetic Nurse		ICD-10	Z03818-	03/15/2021	Resolved	03/29/2021

09/01/2021

Bureau of Prisons  
Health Services  
Allergies

(EXHIBIT-6)

Reg #: 92398-054

Inmate Name: KOLMNELA, LEOM

Allergy

Date Noted

Reaction

No Known Allergies

06/22/2015

Orig Entered: 06/22/2015 21:45 EST Thomas, Terrance HSA

Total: 1



## Patient Report

Patient: KOLMNELA, LEOM  
DOB: 03/14/1969

Patient ID: 92398-054

Control ID:

Specimen ID: 043-844-4002-0  
Date collected: 02/12/2020 0600 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RDW	12.3		%	11.6 - 15.4	01
Platelets	201		x10E3/uL	150 - 450	01
<b>Lipid Panel</b>					
Cholesterol, Total	182		mg/dL	100 - 199	01
Triglycerides	83		mg/dL	0 - 149	01
HDL Cholesterol	61		mg/dL	>39	01
VLDL Cholesterol Calc	17		mg/dL	5 - 40	
LDL Cholesterol Calc	104	High	mg/dL	0 - 99	

## HP5

Hep A Ab, Total	Positive Abnormal	Negative	01
HBSAg Screen	Negative	Negative	01
Hep B Core Ab, Tot	Negative	Negative	01
Hep B Surface Ab, Qual	Non Reactive		01

Non Reactive: Inconsistent with immunity,  
less than 10 mIU/mLReactive: Consistent with immunity,  
greater than 9.9 mIU/mL

Hep C Virus Ab	<0.1	s/co ratio	0.0 - 0.9	01
		Negative:	< 0.8	
		Indeterminate:	0.8 - 0.9	
		Positive:	> 0.9	

The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).

## Hemoglobin A1c

Hemoglobin A1c	5.3	%	4.8 - 5.6	01
Please Note:				01

Prediabetes: 5.7 - 6.4

Diabetes: &gt;6.4

Glycemic control for adults with diabetes: &lt;7.0

## RPR, Rfx Qn RPR/Confirm TP

RPR	Non Reactive	Non Reactive	01
-----	--------------	--------------	----

David M. Revak, D.O.  
MVCCFEB 16 2020  
11:3001 CB LabCorp Dublin  
6370 Wilcox Road, Dublin, OH 43016-1269

Dir: Vincent Ricchiuti, PhD

For inquiries, the physician may contact Branch: 814-943-3115 Lab: 800-282-7300

C. Gonder, PA-C  
MVCF

02/14/2020 1200

Date Issued: 02/13/20 0836 ET

FINAL REPORT

Page 2 of 2

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If you have received this document in error, please call 800-282-7300

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NOT CLINICALLY SIGNIFICANT

UNITED STATES MAIL

LEOM KOLMNELA

BOP. REG: 92398-054

FCI ALLEN WOOD LOW

P.O. BOX 1000

WHITE DEER, PA 17887



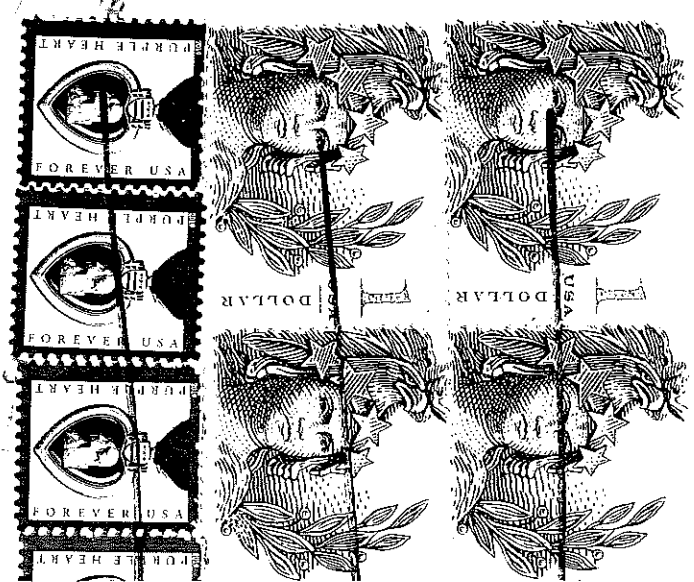
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ATT: PRO SE CLERK

92398-054

Hon Andrew Carter Jr  
United States Court House  
500 Pearl St  
Daniel Patrick Moynihan  
NEW YORK, NY 10007  
United States

USPS



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10007

U.S. POST  
FROM LG  
WHITE DEER  
SEP 13 1987  
AMOUNT  
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\*LEGAL MAIL\*

